

Registration District No. 175

Primary Registration District No. 6070-A

1. PLACE OF DEATH
(a) County St. Francois
(b) City or town Bonne Terre Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINTED FULL NAME LAWRENCE EDWARD McGRAEL
3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-10-4078

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Saldie Mc Grael 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Dec. 13 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 0 Days 9 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____
MOTHER FATHER { 12. Name Edward Mc Grael
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Byington
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Saldie Mc Grael
(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof Dec. 25 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Prinsepue Cemetery

18. (a) Signature of funeral director Bentley and Co
(b) Address 313 Benton St. Bonne Terre

19. (a) Dec. 24, 1939 (b) N. W. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1939 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 14 - Dec 22 1939.
that I last saw him alive on Dec 27 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 9 days

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) HW

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. L. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 12-22-39

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. J. Claywell

Licensed Embalmer No.....

3706

P. O. Address.....

Bound River Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.